IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OV 0 2 2005 Application No.:

10/630,241

pplicants:

Roger BLOT, et al.

Filed:

July 30, 2003

Title:

SYSTEM AND METHOD FOR IMPROVING THE

PRODUCTIVITY OF A WELDING SHOP

TC/A.U.:

1725

Examiner:

Clifford C. Shaw

Docket No.:

Serie 5856

Customer No.:

000040582

AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action of August 29, 2005, please amend the application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks begin on page 8 of this paper.

NOV 0 2 2005



PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0851-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/630,241 Filing Date July 30, 2003 TRANSMITTAL First Named Inventor Roger BLOT FORM Art Unit 1725 **Examiner Name** Clifford C. Shaw (to be used for all correspondence after initial filing) **Attorney Docket Number Serie 5856** Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC X Drawing(s) Fee Transmittal Form Appeal Communication to Board Licensing-related Papers of Appeals and Interferences Fee Attached Appeal Communication to TC X Petition (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition to Convert to a Proprietary Information After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify Terminal Disclaimer below): **Extension of Time Request** Request for Refund **Express Abandonment Request** CD, Number of CD(s)_ Information Disclosure Statement w/Form 1449 Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/Req's/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Air Liquide Signature Printed name Łinda K. Russell Reg. No. Date 34.918 October 31, 2005 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature Date October 31, 2005 Typed or printed name Diana Guzman

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).						
		Application Number	10/630,241			
FEE TRAN	ISMITIAL	Filing Date	July 30, 2003			
For FY 2005		First Named Inventor	Roger Blot			
A - elianet eleien a - ell a elita el	C 07 OFD 4 07	Examiner Name	Clifford C. Shaw			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1725			
TOTAL AMOUNT OF PAYMENT	(\$) 0.00	Attorney Docket No.	Serie 5856			
METHOD OF DAVMENT /-b	111 Ab -4b-)					

TOTAL AMOUNT OF PA	YMENT (\$	0.00		Attorney Docke	t No. Se	erie 5856	
METHOD OF PAYME	METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 01-1375 Deposit Account Name: American Air Liquide, Inc.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION 1. BASIC FILING, SEA	BCH WND	EYAMINATION	EEES				
·	FILING		SEAR	CH FEES Small Entity		ATION FEES Smail Entity	
Application Type	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims Small Entity Fee (5) Fee (5) 25 25 100 180							
Total Claims	Extra Claim			Paid (\$)		Dependent Claims	
HP = highest number of tota indep. Claims 2 -3 = HP = highest number of inde	Extra Claim 0	Fee (\$) x 200	Fee P	gaid (\$)	<u>Fee (\$)</u>	Fee Pal	<u> [0 [5]</u>
3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 =	d drawings of the drawings of	or fraction therec	of. See 3 er of each		(1)(G) and or fraction ti	37 CFR 1.16(s) hereof <u>Fee (\$</u>	Fee Paid (\$)
4. OTHER FEE(S) Non-English Specif Other:	ication, \$1	130 fee (no smal	ll entity d	liscount)			Fees Paid (\$)

SUBMITTED BY				
Signature	Ziat Klunell	Registration No. (Attorney/Agent) 34,918	Telepho	ne (713) 624-8956
Name (Print/Type)	Linda K. Russell		Date	October 31, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.